

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** ETERNAL HOPE (0009084)  
**Address:** 9255 392ND AVE, POWERS LAKE, WI 53159  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/23/2000  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0092799      **End Date:** 06/14/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008718    Served 06/25/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		

**Survey ID:** 0091063      **End Date:** 09/18/2003      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008595    Served 10/03/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	06/02/2004	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	06/02/2004	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Complaint History
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**Date Complaint Received: 07/28/2003**

**Date Investigation Completed: 06/14/2004**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

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